

PUBLIC HEALTH UNIT INFECTION PREVENTION AND CONTROL LAPSE REPORT

Initial Report

Premise/facility under investigation (name and address)	Seema's Laser Spa & Salon 5-210 Kortright Rd W, Guelph ON
Type of premise/facility: (E.g. clinic, personal services setting)	Personal Services Setting
Date Board of Health became aware of IPAC lapse	June 27, 2023
Date of Initial Report posting	2023/07/07
Date of Initial Report update(s) (if applicable)	N/A
How the IPAC lapse was identified	Routine inspection
Summary Description of the IPAC Lapse	<p>During a routine inspection it was observed that used microneedling cartridges were not discarded immediately after use into an approved sharps container and were stored on site in bags with client names.</p> <p>The facility was not following the Infection Prevention and Control requirements set out in Ontario Regulation 136/18 Personal Service Settings and the best practice standards as per the Public Health Ontario Guide to Infection Prevention and Control in Personal Service Settings</p>

IPAC Lapse Investigation

Did the IPAC lapse involve a member of a regulatory college?	No
If yes, was the issue referred to the regulatory college?	
Were any corrective measures recommended and/or implemented?	<p>The personal service setting is to ensure that:</p> <ul style="list-style-type: none"> • Equipment and instruments that are designed for a single use are discarded immediately after they are used • Single use equipment must not be reused • If sterile, sharps maintain sterility until point of use and is from packaging that has not been previously opened • All sharps are disposed of into an approved sharps container
Please provide further details/steps	Initial re-inspection was completed on June 29, 2023 and it was confirmed that the operator discarded all used sharps appropriately and started to implement requirements of the Ontario Regulation 136/18 Personal Service Settings and the Public Health Ontario Guide to Infection Prevention and Control in Personal Service Settings.

	Operator has ceased microneedling services until approved sharps container is obtained.
Date any order(s) or directive(s) were issued to the owners/operators (if applicable)	N/A
Initial Report Comments and Contact Information	
Any Additional Comments (Do not include any personal information or personal health information)	Re-inspection will be completed to confirm approved sharps container is obtained and to ensure ongoing compliance of the Ontario Regulation 136/18 Personal Service Settings and the Public Health Ontario Guide to Infection Prevention and Control in Personal Service Settings.
If you have any further questions, please contact:	
Name	Kyley Alderson
Title	Infection Control Manager
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Phone number	519-822-2715 ext. 4208
Final Report	
Date of Final Report posting:	2023/07/13
Date any order(s) or directive(s) were issued to the owner/operator (if applicable)	N/A
Brief description of corrective measures taken	Approved sharps container was obtained for microneedling cartridges. All corrective measures have been implemented.
Date all corrective measures were confirmed to have been completed	2023/07/10
Final Report Comments and Contact Information	
Any Additional Comments (Do not include any personal information or personal health information)	
If you have any further questions, please contact:	
Name	Kyley Alderson

Title	Infection Control Manager
Email address	Kyley.Alderson@wdgpublichealth.ca
Phone number	519-822-2715 ext. 4208